APPLICATION DATA SHEET

APPLICATION INFORMATION

07/25/01 Application Date:: REGULAR Application Type:: UTILITY Subject Matter:: NONE CD-ROM or CD-R?::

USE OF THE INTERFERON RECEPTOR Title" 2c POLYPEPTIDE CHAIN TO ENHANCE THE ANTI-GROWTH EFFECTS OF TYPE

Croze

Lafayette

LINTERFERONS

BERLX-79 Attorney Docket Number::

INVENTOR INFORMATION

INVENTOR Applicant Authority Type:: Primary Citizenship Country:: United States FULL CAPACITY Status:: Ed

Given Name:: Family Name:: City of Residence:: State or Province of Residence::

California United States Country of Residence:: 3177 Gloria Terrace Street of Mailing Address::

City of Mailing Address:: Lafavette California State or Province of Mailing Address:: United States Country of Mailing Address::

94549 Postal or Zip Code of Mailing Address::

INVENTOR Applicant Authority Type:: United States Primary Citizenship Country:: FULL CAPACITY Status::

David Given Name:: Vogel Family Name:: Richmond City of Residence:: California

State or Province of Residence:: Country of Residence:: United States

4403 Meadow Brook Drive Street of Mailing Address:: Richmond

City of Mailing Address:: State or Province of Mailing Address:: CA

Country of Mailing Address:: United States

Postal or Zip Code of Mailing Address:: 94803 Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: United States
Status:: FULL CAPACITY

Given Name::

Family Name::

City of Residence::

State or Province of Residence::

California

Country of Residence:: United States

Street of Mailing Address:: 625 Canyon Oaks Drive, #E
City of Mailing Address:: Oakland

State or Province of Mailing Address:: California
Country of Mailing Address:: United States

Postal or Zip Code of Mailing Address:: 94605

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23599

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23599

ASSIGNMENT INFORMATION

Assignee Name:: Schering Aktiengesellschaft

Street of Mailing Address::

City of Mailing Address::

Country of Mailing Address::

GERMANY

State or Province of Mailing Address::

Postal or Zip Code of Mailing Address:: 94804-4099